

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Osamu KIMOTO
Serial No: 10/694,686
Confirmation No: 3913
Filed: October 25, 2003
For: Color Image Transmitting Device

Art Unit: 4157
Examiner: Tsang, Elbert

I hereby certify that this correspondence is being transmitted via electronic filing to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
April 22, 2008
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis 4/22/2008
Signature Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|--|---|---|---|-------------------------------|--|---------------------------------|
| TOTAL CLAIMS FEE | 20 | - | 20 | ** | 0 | LG=\$50 SM=\$25 \$50 \$ 0 |
| INDEPENDENT CLAIMS FEE | 5 | - | 5 | *** | 0 | LG=\$210 SM=\$105 \$210 \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185 | \$ 0 |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | | \$260 FOR EACH ADDITIONAL 50 SHEETS | \$ 0 |
| Independent Claims: 1, 2, 9, 10 and 17 | | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$___ to cover the additional claims fee to Deposit Account No. 50-1314.
- ☐ Please charge the amount of \$___ to cover the extension fee to Deposit Account No. 50-1314.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: April 22, 2008

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